

# **Preventing Problems Related to Alcohol Availability: Environmental Approaches Practitioners' Guide**

**Prevention Enhancement Protocols System (PEPS)**



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Resource Center  
State of California  
Alcohol and Drug Programs  
1700 K Street  
First Floor  
Sacramento, CA 95814

(800) 879-2772 (California Only)  
(916) 327-3728  
FAX: (916) 323-1270  
TTY: (916) 445-1942  
Internet: <http://www.adp.ca.gov>  
E-Mail: [ResourceCenter@adp.state.ca.us](mailto:ResourceCenter@adp.state.ca.us)

Prevention Enhancement Protocols System (PEPS)  
**Preventing Problems Related to Alcohol Availability:  
Environmental Approaches**

Practitioners' Guide

*Third in the PEPS Series*

**Prakash L. Grover, Ph.D., Executive Editor**

**Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration**

**Center for Substance Abuse Prevention**

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The Prevention Enhancement Protocols System (PEPS) Series, initiated by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP), exists for three reasons. PEPS guides strive to

- systematically evaluate research and practice evidence on substance abuse prevention,
- make recommendations for field use by those who implement intervention programs, and
- maximize the prevention efforts of State substance abuse prevention agencies, practitioners, and local communities.

Prakash L. Grover, Ph.D., M.P.H., is the Program Director of PEPS and the Executive Editor of the Guideline series for CSAP. Robert Bozzo serves as Team Leader for the PEPS. Friedner D. Wittman, Ph.D., M.Arch., Chair of the Expert Panel, played a major role in writing the Reference Guide. He contributed to the volume beyond reasonable expectations from a Panel Chair. For this, CSAP and the Executive Editor are deeply grateful. Several other members of the Expert Panel also helped write the Reference Guide: Norman Giesbrecht, Ph.D.; Katherine Kessler, M.S., L.M.F.C.C.; Michael Sparks; Ralph Hingson, Ph.D.; and Karen Bass. From the PEPS staff, Mim Landry and Prakash Grover wrote the core sections on analysis of evidence and recommendations for practice. Cheryl Droffner provided the indispensable research assistance that serves as a foundation of such documents. Donna Dean helped refine the Reference Guide and developed the Practitioner's Guide and the Community Guide. Betsy Earp and Chip Moore, with assistance from Sara Davidson, edited the document.

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## Foreword

**The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention, (SAMHSA/CSAP), is committed to enhancing a broad range of effective prevention strategies that are planned and implemented by State agencies as well as community-based organizations across the Nation. The Prevention Enhancement Protocols System (PEPS) generates science-based documents that can substantially improve planning and management of prevention programs, consolidate and focus prevention interventions, and serve as the foundation for potential prevention studies.**

CSAP selected this topic, *Preventing Problems Related to Alcohol Availability: Environmental Approaches*, because alcohol problems affect many individuals and groups in our communities, and there is an emerging body of evidence that these approaches can be highly effective. In fact, research and practice strongly suggest that carefully planned management of alcohol availability can reduce alcohol problems and enhance the quality of life for all members of the community.

But many communities neglect to manage alcohol availability problems through the State and local government entities that exist for that very purpose. Through these PEPS documents, CSAP is providing State and local governments with a strong foundation for addressing alcohol problems that affect the well-being of communities, using balanced approaches involving education, regulation, and local resources for managing alcohol availability, consistent with the norms and values of the community.

PEPS designed this guide for broad use by State substance abuse agencies as well as national, State, and local organizations that try to manage the problems related to the availability of alcohol. It is intended as a practical guide for those whose responsibility it is to consider the strengths and limitations of specific interventions and to plan prevention initiatives. Using this Guide in combination with other ongoing community efforts can result in a balanced, effective program to addressing alcohol problems.

*Nelba Chavez, Ph.D.*  
*Administrator*  
*Substance Abuse and Mental Health*  
*Services Administration*

*Karol Kumpfer, Ph.D.*  
*Director*  
*Center for Substance Abuse Prevention*  
*Substance Abuse and Mental Health*  
*Services Administration*

# Expert Panel Leading the Development of the Guideline

**Friedner D. Wittman, Ph.D., M.Arch., *Chair***

CLEW Associates  
Institute for the Study of Social Change  
University of California at Berkeley  
Berkeley, CA

**Karen Bass**

Community Coalition  
Los Angeles, CA

**Steven A. Darden**

North West New Mexico Fighting Back, Inc.  
Gallup, NM

**Manuel Espinosa**

California Alcoholic Beverage Control  
Sacramento, CA

**Darryl L. Fisher**

City Planning Department  
City of Los Angeles  
Los Angeles, CA

**Norman Giesbrecht, Ph.D.**

Addiction Research Foundation  
Toronto, ON, Canada

**Paul Gruenewald, Ph.D.**

Prevention Research Center  
Pacific Institute for Research and Evaluation  
Berkeley, CA

**Delwin Hanson**

City of Woodland Police Department  
Woodland, CA

**Ralph Hingson, Ph.D.**

Social and Behavioral Sciences Department  
School of Public Health  
Boston University  
Boston, MA

**David P. MacKinnon, Ph.D.**

Department of Psychology

Arizona State University  
Tempe, AZ

**Linda Major**

Lincoln Council on Alcoholism & Drugs, Inc.  
Lincoln, NE

**Dennis McCarty, Ph.D.**

Substance Abuse Research Group  
Institute for Health Policy  
Brandeis University  
Waltham, MA

**A. James McKnight, Ph.D.**

Public Services Research Institute  
Landover, MD

**James A. Neal**

South Carolina Department of Alcohol and Other Drug Abuse Services  
Columbia, SC

**Francis O'Brien, Jr.**

Pennsylvania Liquor Control Board  
Harrisburg, PA

**Robin Room, Ph.D.**

Addiction Research Foundation  
Toronto, ON, Canada

**Michael Sparks**

North Bay Health Services  
Petaluma, CA

**Alexander Wagenaar, Ph.D.**

Associate Professor, Public Health  
Division of Epidemiology  
University of Minnesota  
Minneapolis, MN

**Elva Yanez**

Consultant  
Albany, CA

**Ex Officio Member**

**Prakash L. Grover, Ph.D., M.P.H.**

Division of State and Community Systems Development  
Center for Substance Abuse Prevention  
Rockville, MD

# Introduction: Scope of This Guide

**This guide focuses on research and practice evidence for key environmental approaches to the prevention of problems related to alcohol availability. It evaluates the following six approaches:**

1. Preventing Availability to Underage Youth
2. Raising Alcohol Taxes and Prices
3. Responsible Beverage Service
4. Changing the Conditions of Availability
5. Changing Hours and Days of Sale
6. Community-Based Prevention Approach

This practitioner's guide is intended to be brief and simple. It summarizes much of the information in its parent document, *Preventing Problems Related to Alcohol Availability: Environmental Approaches-Reference Guide*, and highlights information that will be most useful to those directly involved in planning and implementing prevention programs.

For much greater detail concerning the six prevention approaches, the research and practice evidence for each approach, recommendations for practice, and guides for program development, implementation, and evaluation, please see the *Reference Guide*.

A separate brochure-length publication, *Preventing Problems Related to Alcohol Availability: Environmental Approaches-Community Guide*, provides a brief overview of substance abuse problems, outlines courses of action for concerned citizens, and offers tips for becoming involved in community-centered prevention.

## Levels of Evidence

Before developing guidelines for practitioners, the evidence that comes from research and practice must be weighed. Several criteria are central to determining whether information is strong enough to serve as the basis for making recommendations.

The term *research evidence* refers to the research-based body of knowledge for a specific prevention approach. This information is gathered from scientific investigations that adopt various research designs but are all rigorously conducted. When natural experiments are reviewed as evidence, it is ensured that they are properly documented and analyzed.

***design* — an outline of the procedures to be followed in scientific experimentation in order to reach valid conclusions.**

The term *practice evidence* describes information gained from prevention practice cases, which is generally presented in the form of well-designed and -executed case studies that include documentation on program implementation and procedures, as well as on process evaluation

***effect* — establishing, through comparison, a logical relationship between conditions with and without the program or intervention.**

In each of the prevention approaches described in "Environmental Prevention Strategies — What Works?," shaded boxes present information on levels of evidence for the effect of intervention approaches. These boxes highlight the consensus of the Expert Panel, whose members summarized the conclusions that can reasonably be drawn after analyzing the evidence for each approach. The boxes also indicate the strength of the level of cumulative evidence supporting the conclusions.

The criteria for assigning levels of evidence are shown in the following boxes. The first three categories apply to varying degrees of confirmation of positive effect. The fourth category applies to evidence that a prevention approach is ineffective.

### **1. Strong Level of Evidence**

*Application.* Practitioners can use the approach with the most assurance that the approach can produce the effect specified in the evidence statement.

Here are the criteria for including evidence in this category:

- Consistent positive results of strong or medium effect from a series of studies, including:
  - At least three well-executed studies of experimental or quasi-experimental design
  - OR
  - Two well-executed studies of experimental or quasi-experimental design and consistent results from at least three case studies
- The use of at least two different methodologies
- Unambiguous time ordering of intervention and results

A plausible conceptual model ruling out or controlling for alternative causal paths or explanations

## 2. Medium Level of Evidence

*Application.* Although the number or rigor of the studies reviewed is limited, there is substantial support for the approach's ability to produce the effect specified in the evidence statement. Practitioners should exercise discretion in applying the approach and in assessing the process and outcomes.

Here are the criteria for including evidence in this category:

- Consistent positive results from a series of studies, including:
  - At least two well-executed studies with experimental or quasi-experimental designs
- OR
- At least one well-executed study and three prevention case studies showing statistically significant or qualitatively clear effects
- The use of at least two different methodologies
- Unambiguous time ordering of intervention and results when so measured

A plausible conceptual model, whether or not competing explanations have been ruled out

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## 3. Suggestive but Insufficient Evidence

*Application.* The approach has shown promise for the effect specified, but it is not well documented. Practitioners should be cautious about using this approach. However, if the approach fits the local situation, practitioners may use it, paying special attention to its systematic testing and documentation.

This category is used to describe research and/or practice evidence that (1) is based on a plausible conceptual model or on previous research and (2) is being demonstrated in rigorous evaluation studies or appropriate intervention programs currently in process.

Here are the conditions that lead evidence to be included in this category:

- The evidence, although limited, appears to support a conclusion, but *additional research is needed* to fully support the conclusion. This condition often applies to areas in which there has been little study, such as those that are impractical to research or new areas of study.

OR

- The evidence is associated with *equivocal results*. Effectiveness of the approach is supported in some studies but is not supported in others.

#### **4. Substantial Evidence of Ineffectiveness**

*Application.* The approach has not demonstrated the intended results or has shown negative findings for the effects specified. Practitioners are advised not to use this approach at this time.

This category describes research and practice evidence demonstrating that a prevention approach is not effective.

Here are the conditions that lead evidence to be included in this category:

- The *absence of a statistically significant effect* in a majority of well-executed studies, including at least two quantitative studies with sample sizes sufficient to test for the significance of the effect

OR

- The *absence of a statistically significant negative effect* in a majority of well-executed studies, including at least two quantitative studies with sample sizes sufficient to test for the significance of the effect

## Using Levels of Evidence in Program Planning

All communities endure adverse health and social consequences related to alcohol use and abuse. Many of these consequences are severe and expensive, such as automobile-related injuries and fatalities, homicides and suicides, and chronic health problems such as cirrhosis. Some of the most promising strategies for these problems are community-based prevention activities that use environmental approaches.

Reaching a single conclusion about a particular approach is difficult. No two research studies or practice cases are the same, as they differ in the subjects of evaluation and in the methods used. Conclusions from a single prevention approach may justify more than one evidence statement since the approach may have more than one desired result. Furthermore, evidence for a specific desired result may show a complex pattern. For instance, studies may show that a prevention approach has *strong evidence* for attaining a desired effect in the short term but *suggestive but insufficient evidence* for sustaining that effect over time.

Practitioners should evaluate the prevention approaches in this guide in light of local circumstances; it may not be feasible to implement only approaches with a strong level of evidence. In developing a program, practitioners must consider local needs, interests, resources, and abilities — as well as the level of evidence for a particular approach.

It takes prevention practitioners with great skill and dedication to develop strong community-based programs. Despite the difficulty and complexity of the challenges practitioners face, a growing body of research and practice evidence has documented successful strategies that can change the social, political, and economic contexts supporting alcohol availability.

## Why Use Environmental Approaches?

**The effective management of alcohol availability is a community problem.** The more available alcohol is in the environment, the more likely it is that the community will have a higher alcohol consumption rate. A high alcohol consumption rate has been found to be related to an increased number of problems, such as the following:

*Automobile-related injuries and deaths* — Alcohol is a factor in 41 percent of traffic fatalities. Alcohol-related car crashes are the number one killer of teens.

*Homicides, manslaughters, and suicides* — Alcohol is a factor in more than 50 percent of homicides, 68 percent of manslaughters, and 33 percent of suicides.

*Head injuries* — More than 50 percent of those who sustain head injuries are drinking alcohol when injured.

*Domestic accidents* — Alcohol is a factor in 21 to 47 percent of drownings, 35 to 63 percent of deaths due to falls, and 12 to 61 percent of deaths due to fire.

*High costs* — In 1990, alcohol-related problems cost the Nation \$98.6 billion! That is a 40 percent rise between 1985 and 1990. Estimates for the total lifetime cost for an individual with a severe head injury are as high as \$4.6 million.

*Unprotected sex* — Teens who drink are less likely to use condoms or other methods to prevent pregnancy and sexually transmitted diseases.

These costly problems may strain community resources, including fire, police, and ambulance crews; emergency department personnel and facilities; and the court system. Therefore, prevention involves many community systems: health, education, transportation, law, engineering, architecture, and public safety. It takes the concerted effort of concerned citizens, community groups, businesses, and officials from local and State agencies to develop and implement effective strategies.

*Although communities can largely manage these problems through State and local government entities, many do not.*

Efforts that focus solely on individual problem drinkers or on individual outlets are not sufficient. Public health strategies must also prevent or reduce problems related to availability through local laws, policies, and programs. *In practical terms, this means placing reasonable limitations on the retail distribution of alcohol, on the operation of alcohol outlets, and on the management of events at which alcohol is sold.* This practitioner's guide describes six prevention approaches that focus on limiting the availability of alcohol in the community in order to help reduce alcohol-related problems.

## **What the Community Needs to Know to Manage Alcohol Problems**

**Communities that want to make an impact on the availability of alcohol need to understand how alcohol is sold (made available) in the community; the relationships between alcohol outlets and alcohol-related problems; and the systems for managing alcohol availability.**

### **How Alcohol Is Sold**

Three forms of alcohol availability are of particular interest.

*Retail availability* — Commercial availability. Dimensions of control include price, density of outlets, types of outlets, serving practices, hours and days of sale, and one-day and short-term licenses. *The relationship between retail availability, consumption, and public health and safety problems is the primary focus of this practitioner's guide.*

*Public availability* — Public events and places. Public availability is usually controlled by local jurisdictions, but the State Alcohol Beverage Control (ABC) board may control availability at State-sponsored events or locations.

*Social availability* — Social customs and traditions related to alcohol use. Social availability is the product of community history, beliefs, and cultures that shape the norms for drinking and social host practices at private events. (This type of availability is not a direct focus of this guide, but it does affect other forms of availability.)

To make an impact on alcohol availability, practitioners and community leaders should have a common understanding of a few terms, the most important of which are defined below. A full glossary is provided in [appendix B](#).

*Alcohol outlet* — A place that sells alcoholic beverages to the public or a select membership. Outlets vary throughout the United States because of differences in State regulations and types of retail alcohol licenses. Licenses are issued to applicants to sell alcohol for consumption on, off, or both on and off their premises.

*Alcohol outlet capacity* — The serving capacity of one outlet or of all outlets in a given area. On-sale capacity is calculated by the number of seats in the outlet or the outlet's square footage. Off-sale capacity is calculated by the number of linear feet of shelves devoted to alcohol sales or the outlet's square footage.

*Alcohol outlet density* — The number of outlets licensed to sell alcohol within a given geographic area.

*On- or off-sale outlet* — An on-sale outlet is licensed to sell alcohol for consumption within, but not outside of, its establishment. Examples include bars, taverns, clubs, and some restaurants. An off-sale outlet is licensed to sell alcohol for consumption outside of, but not within, its establishment. Examples include liquor stores, supermarkets, wine shops, gas stations, and minimarkets.

## **Alcohol Outlets and Alcohol-Related Problems**

Changes in alcohol control systems and in the availability of alcohol can have a significant impact on the patterns and problems of alcohol consumption. The key environmental factors that influence where, when, and how much people drink are types of regulations, enforcement practices, outlet density, hours and days of sale, and forms of retail outlet availability.

## **Systems for Managing Alcohol Availability**

Today, management of alcohol availability is based on a system of State ABC boards. State laws regarding the oversight of alcoholic beverages preempt those of cities and counties. However, since the late 1970's, the States have delegated varying degrees of power to local governments for retail licensing and local enforcement.

***alcohol management* — ways in which a State plays a role vis-à-vis the local authorities in controlling the distribution and marketing of alcohol.**

The ways in which States approach alcohol management can be divided roughly into four categories: (1) Some States prohibit local control of alcohol availability and marketing in virtually all circumstances. They are called "control States." (2) Many States place primary authority at the State level but allow local control through zoning ordinances and local police enforcement of alcohol laws. (3) Some States provide concurrent State and local authority. (4) Many States give primary authority to local jurisdictions, with only limited State involvement. They are called "[license States](#)."

Most local jurisdictions do not fully use their powers to prevent problems related to alcohol availability. But this picture is changing as communities begin to recognize the negative impact alcohol outlets can have. Communities that might once have taken action only after problems arose are now taking action to prevent problems from arising.

Cities and counties are beginning to put "alcohol elements" into their master plans. They are also beginning to take stronger measures, such as these:

- Writing zoning ordinances specifically to manage retail alcohol outlets. These ordinances address such concerns as public decorum, litter, noise, traffic, loitering, harassment, sale of alcohol to minors, underage drinking, driving under the influence, alcohol-related crime and violence, and public inebriation.
- Imposing conditions on the sale and use of alcohol in public places and at public events.
- Setting policies regarding drinking at official public agencies' activities and functions.
- Enacting local ordinances (other than those tied to planning and zoning ordinances) specifying how far away alcohol outlets must be from churches and schools.

## **Environmental Prevention Strategies — What Works?**

**In an environmental prevention model, the focus on solving alcohol-related problems shifts from an individual focus to an environmental focus. The logic is that reducing alcohol availability will reduce alcohol consumption or modify the conditions under which it is consumed, which will in turn reduce alcohol-related problems such as violence, traffic injuries, and alcohol consumption by minors.**

Individual focus	Environmental focus
<ul style="list-style-type: none"> <li>• Individual behaviors</li> <li>• The relationship between the individual</li> <li>• Short-term program development</li> <li>• Individual participation in problem-solving</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and policy changes</li> <li>• The social, political, and economic and alcohol-related problems contexts of alcohol-related problems</li> <li>• Long-term policy development</li> <li>• Collective action</li> </ul>

As the PEPS Expert Panel evaluated research studies and practice cases, it grouped the evidence into six prevention approaches. Each approach is presented here in terms of its concept, the activities of the studies reviewed by PEPS, the strength of the evidence supporting the approach, lessons learned from the evidence, and recommendations for practice.

### **Prevention Approach 1: Preventing Availability to Underage Youth**

How do minors get their hands on alcohol? They get it from friends and family members, they shoplift, and despite a minimum legal drinking age of 21 they buy it directly from retail outlets such as convenience and grocery stores, service stations, and minimarts. Enacting and enforcing laws prohibiting alcohol sales to underage youth should reduce the likelihood that merchants will sell alcohol to minors, who will in turn be less likely to try to buy it.

#### **Activities of the Studies Reviewed**

- Establishing or modifying State laws regarding the minimum legal drinking age
- Establishing State laws for blood alcohol concentration (BAC) limits that are different for minors and adults
- Enforcing State laws regarding the minimum legal drinking age

***lessons learned*** — in this guide, conclusions that can be reached about a specific prevention approach based on the research and practice evidence.

## Lessons Learned

- Merchants and minors often ignore the laws restricting alcohol sales to minors. Community-based prevention efforts can educate and publicly support merchants who comply with drinking age laws.
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### Levels of Evidence: Availability to Youth

The research and practice evidence reviewed indicates that it is possible to implement and enforce laws designed to prevent alcohol availability to minors.

There is **strong evidence** that increasing the minimum drinking age results in a decrease in traffic casualties.

There is **medium evidence** that increasing the minimum drinking age results in a decrease in consumption of alcohol and consequent alcohol problems other than traffic casualties.

There is **strong evidence** that there are substantial sales to minors and that there is considerable potential for reduction of such sales.

There is **medium evidence** that the level of enforcement affects the rates of underage purchasing.

Most Americans who drink alcohol begin in their early teens. Occasional intoxication for many begins during the mid-teen years. Recurrent drinking to intoxication is quite common among college students. It is clear that enforcement of minimum drinking age laws decreases but does not eliminate underage drinking.

The enforcement efforts with the greatest immediate public health significance are those that break the link between drinking and driving.

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***All the prevention approaches presented in this guide should be considered in view of their suggested application in the Evidence Boxes (pp. 2-3). However, local needs, interests, resources, and abilities — as well as the level of evidence — must all be considered as practitioners develop their programs.***

## **Recommendations for Practice**

**Enhance enforcement.** Laws that increase the minimum drinking age help to decrease alcohol consumption, traffic casualties, and alcohol problems. However, these laws are not uniformly enforced and are often poorly enforced. Therefore, practitioners should focus on enforcement. Efforts can include creating linkages among several groups: the State ABC board, the local police, college administrations, and others that promote community values and support strict enforcement of drinking-age laws.

**Unite efforts.** A high minimum drinking age is more effective when it is complemented by adjunctive efforts such as implementing land use laws consistent with the enforcement of drinking-age laws.

**Be consistent.** The enforcement of minimum drinking-age laws differs among communities and is affected by many factors, such as the police department's service level or workload, community priorities, and availability of funds. Community laws and enforcement policies should be consistent with local prevention messages.

**Anticipate crises.** The enforcement of minimum drinking-age laws is often driven by tragedies and crises. Anticipate crises that could occur during special events such as rock concerts, high school and college activities, and holidays. Many fraternities and sororities have activities that revolve around drinking alcohol. These activities often escape the scrutiny of community and university law enforcement agencies and university administrations until a tragedy occurs. Work to prevent such tragedies by gaining the support of fraternities and sororities to change norms that promote heavy drinking. If the local chapters will not cooperate, enlist the support of their national organizations and their insurance companies.

**Educate underage youth.** Most young people harbor false beliefs about alcohol and driving impairment. Many think it would take several alcoholic drinks or many beers to impair their driving. Research shows that one or two alcoholic drinks or four or five beers often produce blood alcohol concentrations in excess of the legal limit. Even with low to moderate blood alcohol concentrations, younger people are more likely to be in traffic crashes when drinking alcohol. This message needs to be brought home to teenagers.

## **Prevention Approach 2: Raising Alcohol Taxes and Prices**

When States add new taxes that raise the price of alcohol, researchers have the chance to study how the increased cost affects purchase and consumption rates. The assumption is that significant increases in price will make alcohol less accessible, especially to youth. On the other hand, "two for the price of one" or other happy-hour promotions are thought to increase the likelihood of overconsumption.

### **Activities of the Studies Reviewed**

Most of the studies reviewed in this approach were not planned interventions developed by public health practitioners but, rather, the observations of "natural experiments." Natural experiments are changes — such as new State taxes on alcohol — that offer researchers an opportunity to compare behaviors before and after the changes take effect. Some of the factors that researchers examined in this prevention approach are changes in State and local taxes on alcohol; minimum legal drinking age; retail prices of wine, beer, and distilled spirits; and happy-hour drink discount policies.

### **Lessons Learned**

Increased alcohol taxes are associated with a moderate decrease in alcohol consumption, as well as alcohol-related problems, and can be an important aspect of a prevention campaign. Some research even revealed that, among underage youth, taxes that increased price were more effective in reducing consumption than a minimum legal drinking age.

### **Recommendations for Practice**

**Levy local taxes.** Where State laws allow, local taxes such as a "nickel-a-drink" tax for on-site purchases may be an effective way of both financing local alcohol prevention initiatives and dissuading purchase. Local license fees may also be employed to increase alcohol prices.

**Index State taxes.** Because the benefits of price increases resulting from State alcohol taxes are likely to diminish as inflation erodes the real value of the tax increase, the taxes can be indexed so that the nominal tax rates rise in step with prices. Indexing alcohol taxes to the consumer price index is an effective way to maintain the public health gains of higher taxes.

**Seek allies in neighboring jurisdictions.** Practitioners who are considering promoting alcohol taxes should initiate discussions and possible collaboration with neighboring jurisdictions. The benefits of State alcohol taxes erode when the strategy is out of step with that of neighboring jurisdictions. Cross-border shopping, cross-border drinking and driving, theft, and black-market sales may result. When neighboring jurisdictions adopt equivalent regulations, such problems greatly diminish.

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### Levels of Evidence: Taxes & Prices

The research evidence reviewed indicates the following:

There is **strong evidence** that increases in alcohol taxes result in a moderate decrease in alcohol consumption.

There is **strong evidence** that increases in alcohol taxes result in a moderate decrease in alcohol-related problems such as automobile crashes, cirrhosis mortality, and driving under the influence.

There is **medium evidence** that increases in alcohol taxes result in roughly equivalent reductions in consumption of alcoholic beverages among all drinkers.

There is **suggestive but insufficient evidence** that increases in alcohol taxes have a strong effect on drinking initiation among youngsters.

There is **suggestive but insufficient evidence** that happy-hour promotions increase alcohol consumption.

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### Prevention Approach 3: Responsible Beverage Service

The behavior of people who serve alcohol and the policies of drinking establishments can influence the behavior of the patrons. For example, servers may encourage heavy drinking; allow heavy drinking to continue ignored, promoting intoxication; or foster problems associated with intoxication, such as disruptive behavior, fights and resulting injuries, or driving while intoxicated (DWI). Training servers and management to watch for and recognize the warning signs of intoxication can help reduce the risk that patrons will become intoxicated and harm themselves or others. It may be necessary to modify management policies to discourage an atmosphere of "anything goes."

## Activities of the Studies Reviewed

- Conducting responsible server training programs
  - Establishing a State law requiring responsible server training
  - Enforcing a county law prohibiting alcohol service to intoxicated patrons
  - Establishing a State Liquor Control Board with comprehensive prevention activities
  - Establishing a coalition of representatives from the hospitality industry and the prevention field to promote and ensure responsible beverage service
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### Levels of Evidence: Responsible Beverage Service

The research and practice evidence reviewed indicates that it is possible to implement responsible beverage server interventions:

There is **strong evidence** that server training and policy interventions are effective in curbing illegal sales to intoxicated and underage individuals when these interventions are combined with enforcement activities.

There is **medium evidence** that server training and policy interventions are effective in improving some forms of server behavior, at least in the short term.

There is **medium evidence** that server training can lead to more responsible service practices and management policies.

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## Lessons Learned

- Server training programs differ in type, intensity, length, and focus. There is no evidence that certain server training program characteristics are associated with greater or lesser effectiveness.

- Server training programs are more likely to exist when stakeholders (people with a special interest in the problem) offer support, organization, and interest.
- States, counties, and other local jurisdictions are appropriate vehicles for establishing server training programs.
- Responsible beverage service programs are most likely to succeed when servers and managers know that the law will be enforced or realize that they assume significant liability if they serve intoxicated or underage individuals.

## Recommendations for Practice

**Enforce the law.** All States and most local jurisdictions have laws regarding the sale of alcohol to underage and intoxicated individuals. These laws should be enforced strictly and uniformly.

**Target trouble spots.** Focus on high-risk establishments and training their staffs. High-risk establishments include the locations where arrested drunk drivers purchased their last drink. Much of the information for such training can be collected by police during arrests, by counselors during hearings, or by those training drivers convicted of DWI.

**Keep the legal burden on owners.** The strongest incentive to stop owners from serving intoxicated or underage individuals in their establishments appears to be revocation of the establishment's alcohol license. Owners are also concerned with preventing injuries for which they might have civil liability. In a few States, this liability has, unfortunately, shifted from owner to server. States and jurisdictions should try to keep — or even increase — the burden of legal responsibility on the owners, not their employees.

**Provide incentives.** Drinking establishments often need incentives to participate in responsible beverage service activities. Prevention approaches should include incentives regarding license retention, legal liability, reputation, etc. Practitioners can highlight such incentives through persuasive statements such as these:

"You don't have to worry about losing your license to sell alcohol if you never sell it to intoxicated or underage individuals."

"You protect yourself from legal liability arising from the behavior of impaired patrons if you never serve anyone to the point of intoxication."

"You'll be known as an establishment with a good reputation if you help keep the community safe and healthy by doing your part to prevent alcohol abuse, addiction, and alcohol-related problems."

**Intervene early.** Early intervention (to revoke alcohol licenses) is more effective than waiting until the problems associated with a drinking establishment have progressed to a late stage.

**Close license loopholes.** When the State or jurisdiction revokes a license, the license should not be allowed to transfer to a new owner — often a friend or relative. Potential new owners should have to apply formally for a new license.

**Avoid grandfather exceptions.** Licenses should not transfer to a new owner unless all restrictions that apply to new licenses apply to the purchase of the existing business.

**Help establish standards for beverage service activities.** At this point, there are no clear national standards. Certain national organizations and State agencies are working to define what components are essential, optimal, and effective. Server training should be understood as one component of responsible hospitality, which encompasses the following actions:

- Developing community norms on the principles and practices of responsible hospitality
- Instituting professional development programs that train management and service staff in responsible hospitality
- Providing information and training for organizers and volunteers at community events
- Developing guidelines for employers and social hosts
- Consistently enforcing regulations governing the sale and serving of alcoholic beverages
- Creating positive incentives to recognize and reward businesses and events that practice responsible hospitality

**Be sure alternatives to alcohol are offered.** Managers of sales establishments often see food and nonalcoholic drinks as less desirable because they are less profitable. Responsible beverage service programs should encourage managers and servers to provide these products. Such services encourage the use of designated sober drivers and reduce intoxication.

**Provide continuous server training.** There is significant turnover among alcohol servers. As a result, continuous server training should be offered for entrants into the business as well as for experienced servers, who can benefit from refresher sessions.

## **Prevention Approach 4: Changing the Conditions of Availability**

Alcohol availability is associated with social, civic, and health problems and can be modified through government and community actions. These actions include two distinct dimensions:

- Controlling outlet density and restricting days and hours of alcohol sales

- Restricting availability of alcohol at sporting and recreational events, as well as at special locations such as parks and other publicly owned facilities

While both aspects of this prevention approach are important, substantially more research is needed on the second (i.e., restricting availability at special events and locations).

## **Activities of the Studies Reviewed**

The studies reviewed in this approach evaluated outcomes of "natural experiments," including changes in legislation regarding alcohol sales restrictions and regional differences in laws that allowed comparison between regions. Some of the changes involved the following activities:

- Eliminating State and provincial monopolies and privatizing retail alcohol sales and wholesale alcohol sales and distribution
- Changing a State law to remove off-sale restrictions on the sale of wine and beer near campuses
- Comparing differences in county-level prohibitions and State and local laws, regulations, and policies pertaining to: liquor sales, distribution methods, minimum legal age for purchase, and licensing of off- and on-premises alcohol outlets
- Comparing differences in county and city ordinances that range from liberal to rigid control over outlet density
- Instituting a law permitting grocery stores to sell table wine products

The following activities were examined in studies and practice cases concerning alcohol availability at special events and locations:

- Provincial regulations permitting the sale of beer at sporting events
- Use of alcohol at city-owned recreational properties
- Municipal policies regulating alcohol sales at specially licensed social and recreational events in city-owned or -managed facilities
- Community policies that establish alcohol rationing, prohibit public drinking, and disallow congregating at parking lots and campgrounds

### Levels of Evidence: Conditions of Availability

The research evidence reviewed indicates that it is possible to implement efforts that result in changes in alcohol availability.

There is **medium evidence** that an increase in the number of outlets per capita increases rates of alcohol consumption and alcohol-related problems.

The research and practice evidence reviewed indicates that it is possible to pass legislation regulating the sale and consumption of alcohol at special events and locations.

There is **suggestive but insufficient evidence** that controlling alcohol availability and training servers in sporting arenas and at special events reduces the number of intoxicated persons and the rate of abusive incidents involving intoxication.

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## Lessons Learned

- Alcohol consumption levels and the rates of alcohol-related problems tend to increase when a greater density of outlets and increased hours of sale increase the availability of alcohol.
- Although there is a clear relationship among alcohol outlets, high poverty rates, and violence, the location and density of outlets are themselves related to community power. For example, zoning laws often keep liquor stores and high-risk businesses out of affluent neighborhoods.

The following lessons pertain to the regulation of alcohol availability at special events and locations:

- A wide range of restrictions can be placed on special events, including restrictions on operating hours, noise levels, general location of event, location of alcohol sales or places of consumption (such as beer gardens), advertising of alcohol, alcohol sponsors, age of servers, quantity of sales, size of containers, and condition of the customers.
- Alcohol sales can be discontinued before an event is over, giving patrons some time between their last drink and driving home. For example, alcohol sales can be discontinued at the end of the third quarter of a football game. Sales of food and nonalcoholic beverages can be required during and after alcohol sales are cut off.

## Recommendations for Practice

The following recommendations of the Expert Panel address general issues such as geographic spacing of outlets and community compatibility.

- **Collect data on outlet density.** When communities perceive problems related to outlet density, it is important that they initiate a data collection effort using individuals with skills in data collection and analysis. Important information that should be gathered includes police activities, citizen complaints, and State licensing complaints.
- **Become aware of licensing laws and processes.** Community prevention groups should become involved in issues such as density and spacing. They also need to become aware of licensing laws and ways in which citizens can become involved in the law-changing process. Laws are not changed unless there is involvement and activity on the part of those who are affected; often, it is the community that makes the difference.
- **Consider neighborhood compatibility.** A specific outlet may be incompatible with the surrounding area. For instance, an outlet may be incompatible with other businesses or local residents — perhaps due to late-night entertainment or hours of closing. The Expert Panel recommends that all new applicants be interviewed by representatives of local residents and businesses and be able to demonstrate to the city or licensing body that the immediate neighborhood does not object to the business.

The following Expert Panel recommendations regarding regulations at special events and locations address general issues such as alcohol control activities at community events.

- **Plan ahead.** Introduce discussions about alcohol control activities, providing nonalcoholic beverages, and alcohol safety provisions early in the planning stages of community-sponsored festivals, street fairs, and other special events.
- **Train servers.** Make sure that the people who will serve alcoholic beverages at special events receive server training, understand relevant laws and policies, and know the guidelines for resolving problems.
- **Disseminate rules.** Develop simple guidelines for alcohol activities before special events and publicize them through signs, brochures, and printing of rules on tickets.
- **Use physical visual aids to separate drinking adults from nondrinking ones.** Providing nondrinking "family areas" decreases alcohol-related incidents. This approach also attracts family customers who may otherwise stop attending

functions because they object to incidents of drunken rowdiness. Hand-stamping adults or giving them identification bands as they enter special events helps to enforce no-sales-to-minors laws.

- **Educate promoters.** Alcohol-related problems at sporting events, rock concerts, and other large special events can be categorized into two types. The first type includes unpleasant behavior, rowdiness, fights, and personal and property damage that occurs at the site before and during the event. The second type includes arrests for DWI, driving casualties, street fights, and other incidents that occur after and away from the event site, often on the way home. Promoters are more likely to pay attention to the first type. Fewer promoters adequately address the second type. Prevention practitioners can sensitize promoters to the second type of problems and the promoters' potential contribution in reducing them.
- **Address the need for a balance of interests.** Permitting and controlling alcohol use at sporting and special events involves balancing several needs and concerns. Alcohol sales are a substantial source of profit for stadium owners, sports teams, and catering companies. If alcohol-related problems become numerous and severe, however, attendance may suffer and liability issues can arise. Community interests can influence private profit interests, helping all concerned to work together to achieve an acceptable balance.

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#### **Level of Evidence: Hours and Days of Sale**

The research evidence reviewed indicates that, in relation to changes in the days and hours of alcohol sales:

There is **medium evidence** that expanding the hours or days of alcohol sales increases the rates of alcohol consumption and alcohol-related problems.

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### **Prevention Approach 5: Changing Hours and Days of Sale**

Governments often influence the availability of alcohol by specifying the hours of sale at specific sites and by allowing sales only on certain days. Although seldom designed for prevention purposes, such changes are natural experiments that provide opportunities to examine the effects on overall alcohol sales and patterns of consumption.

## Activities of the Studies Reviewed

The studies reviewed evaluated outcomes of natural experiments resulting from changed alcohol sales laws. These changes included the following:

- Increasing, decreasing, or shifting the hours during which taverns can sell alcohol
- Prohibiting Saturday sales at wine and spirits shops

Most of the research in this area reflects recent experience with extending rather than reducing hours or days of sale and is based on research conducted outside the United States.

## Lessons Learned

- Alcohol consumption levels and rates of alcohol-related problems tend to increase when the hours and days of sale increase.
- Reducing availability is difficult in an era when consumer convenience is such a high priority. Even though one experiment (in Norway) demonstrated clear positive results from Saturday closing, the political support was lacking to continue or extend the closing.

## Recommendations for Practice

**Know the law.** It's important for communities to be familiar with State and local laws regarding hours and days of operation.

**Be alert for chances to make the case for limited availability.** Knowing the law will enable communities to recognize and take advantage of opportunities to exercise control.

**Be alert to seemingly minor or innocuous changes in availability.** Proposals to extend hours or days of sale should be evaluated in light of the fact that it is nearly impossible to reverse such changes.

## Prevention Approach 6: Community-Based Prevention Approach

Community-based initiatives to change local laws, regulations, or policies offer a powerful resource for decreasing alcohol availability and the accompanying alcohol-related problems. (This approach combines the most promising elements of the other five approaches.)

## **Activities of the Studies Reviewed**

- Launching a comprehensive prevention program that included mass media programming, a school-based education program, parent education, community organizing, and health policy development components
- Developing a community coalition of merchants, police officers, and community organizations
- Organizing a public education campaign led by a local council on alcoholism and drug abuse in concert with the hospitality industry and community-based prevention groups
- Setting up a coalition that included a city planning committee, the city council, and other city agencies working in concert with a university-based prevention institute
- Conducting a mass media advocacy program

## **Lessons Learned**

The following are lessons learned and conclusions that can be drawn from the research and practice evidence reviewed for this approach.

- Community-based activities to control alcohol availability can lead to the development of other alcohol-related prevention activities.
  - Community-based activities to control alcohol availability can be used to enhance the effectiveness of prevention programs aimed at reducing drinking by individuals.
  - Ad hoc coalitions can result in the establishment of permanent entities for maintaining policy changes on alcohol availability and developing other prevention activities.
  - Community organizing initiatives can be combined with mass media campaigns to increase coverage of and debate on alcohol availability issues and proposed changes in local laws, regulations, or policies.
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### Levels of Evidence: Community-Based Approach

The research and practice evidence reviewed indicates that community-based approaches can produce coalitions that include multiple partners and address diverse issues:

There is **strong evidence** that community-based prevention activities can result in decreases in alcohol consumption.

There is **suggestive but insufficient evidence** that these programs can diminish driving after drinking, traffic death and injury, and speeding.

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***community based prevention*** — a prevention approach that relies on several interventions in concert, involving various sections of the community, drawing on multiple local resources to address a community problem.

### Recommendations for Practice

It is important to note that, to be effective, coalitions need the participation of the retail and wholesale beverage industries.

- **Use multiple, integrated strategies.** Multicomponent, community-based strategies are more effective than single-component strategies. The individual components of a multicomponent strategy strengthen, complement, and support one another. Multicomponent strategies create an additive effect that is greater than the sum of the individual components. Also, in the undesirable event of one component having to be eliminated, the remaining components may continue to exert a significant preventive effect.
- For example, in the area of responsible beverage service, a multicomponent strategy could include mass media promotion, server training, drinking establishment management policy and procedure development, community monitoring to observe whether outlets serve intoxicated patrons and card youthful patrons, and collaboration with law enforcement to take action against offenders.

- **Develop ongoing support for change.** Supporting change is just as important as initiating it. Community coalitions that focus only on the implementation of a policy or regulation will often see their gains diminish unless they pay attention to sustaining the policy changes and related prevention activities.
- **Continuously cultivate membership.** Prevention practitioners need to engage in ongoing efforts to recruit new members, maintain existing members, and respond to new requests. Community coalitions should remain involved and continue to monitor the community so that they are ready to take action as new issues of alcohol availability arise.
- **Encourage communities to utilize practitioners.** Prevention practitioners are an important source of information, guidance, and resources for community coalitions. When staff changes occur, it is important for new practitioners to introduce themselves to the community and work to establish a trusting relationship.
- **Organize mindfully.** The success of community coalitions depends on the participation and collaboration of local community groups, public agencies, and organizers. Grassroots community members in coalitions should have authority over the direction of the prevention efforts equal to that of service providers, city officials, and other professional participants. Some agencies and groups are good partners in certain coalitions but not in others, depending on the issues. For example, the police are good coalition partners for public safety issues. As public employees, however, their need to remain impartial would prohibit them from being coalition partners for other, more politicized, issues.
- **Identify, secure, and organize data to document your case.** In preparation for community coalition interventions, collect baseline data to demonstrate the relationship between outlet density and problems. In many cases, public agencies such as health and welfare departments, ABC's, police, and education departments have such data in public records. Pay special attention to finding innovative ways of visually presenting the information.

## Developing and Delivering Environmental Approaches

**Action on both the State and community levels is necessary to implement environmental approaches for reducing availability-related problems. The community must establish through local legislative bodies public policies that apply specific public health and safety standards to alcohol availability. The community must then apply the standards, on a case-by-case basis, to alcohol outlets.**

Local planning and zoning ordinances offer a powerful opportunity to manage retail availability. Community members should be actively involved in developing these ordinances. Zoning ordinances can place the following limits on alcohol outlets:

*On-sale and off-sale outlets* can be limited to certain zones or disallowed altogether.

*Density restrictions* can limit the number of alcohol outlets per unit of population, for a geographic area, or as a percentage of all retail alcohol outlets in a given commercial area.

*Spacing restrictions* can specify the distance between alcohol outlets or between alcohol outlets and schools, churches, residences, parks, and playgrounds.

*Hours of operation* can be limited.

*Conditions of design and operation* can be established to ensure that the premises are maintained safely and securely and that appropriate practices are followed to prevent sales to underage youth, inebriates, drinking drivers, and others.

Localities can make active or passive use of their zoning ordinances. *Active use* involves a conditional use permit review of each application. The review is conducted through a public hearing that gives neighbors and public agencies an opportunity to identify high-risk features of the application. *Passive use* involves using conformance to published zoning requirements as the basis for granting a use permit.

To take action on alcohol availability problems, community members must work with police, planning, community development, and parks and recreation departments, and city attorney offices. Coordination and mutual support on alcohol guidelines can improve policy formation, enhance policy implementation, and provide clear signals and expectations for the public regarding the reduction of availability-related problems.

The four steps outlined here can help localities use their existing powers to become effective partners with the ABC authority in a joint effort to prevent problems related to alcohol availability. Each step represents a "cluster" of conceptually interrelated activities for implementing environmental approaches in communities. The activities in these steps overlap and aren't always sequential — early steps can be revisited as additional information becomes available.

***conditional use permit* — a permit that is granted pursuant to certain conditions, allowing the sale or consumption of alcohol.**

## **Activity Cluster 1: Assessment — Laying the Groundwork**

Local prevention initiatives must be based on a demonstrated link between alcohol availability and community problems. Demonstrating this link helps community members connect the problems they experience to their sources and motivates them to get involved. It is also essential for the legal defense of prevention policies and any conditions that affect the use of private property.

## **Identify the Problems**

To characterize availability-related problems, it is important to identify and assess:

- The nature of the problems
- The physical location of the problems where the problems occur, such as at public events, certain drinking establishments, fraternity parties, or high school prom parties
- Existing regulations and procedures concerning alcohol availability
- Community attitudes about alcohol-related problems and the local history of efforts to regulate availability

## **Identify the Stakeholders**

Knowing who will work with you (and who will not) is essential to developing an effective strategy. Stakeholders are people with a special interest in the problem. To identify them, ask,

- Who has the power to effect change?
- Who has access to that power?
- Who is affected by problems such as drunken driving, violence, difficulties in the workplace, loitering, and neighborhood blight?
- Who has something to gain by ignoring the problems?

Particularly useful in this regard are the perspectives and duties of people who live or work in the area; owners and managers of businesses (both alcohol-related and others); and government officials and agencies, service groups, and other interested parties.

## **Collect Data on the Problems**

Here are some ways to build a database from both informal and formal sources. Data help demonstrate the link between alcohol availability and resulting problems.

Collect data from the police, planning, and parks and recreation departments, and the State ABC to establish the extent of alcohol-related problems and incidents associated with various community environments.

Use published and unpublished reports by local, State, and Federal agencies as well as newspaper coverage of alcohol-related problems in retail settings.

Talk with alcohol outlet patrons, servers, and members of the general public.

Observe events or activities in or near alcohol outlets.

Review literature on alcohol availability and its relationship to public health and safety.

Communicate with agencies, organizations, and individuals from other communities who have been active in addressing alcohol-related problems in retail settings. Talking with them can save valuable time. The very process of collecting this information can help focus energy in your own community.

Use the technical assistance of individuals and agencies with special expertise. Often, their expertise is available at little or no cost. Consult some or all of the following:

- State ABC's
- The State substance abuse agency
- Local police and planning departments
- Foundations or publicly funded programs such as legal aid foundations or health planning foundations
- Federal agencies such as the Center for Substance Abuse Prevention (CSAP) and the National Institute on Alcohol Abuse and Alcoholism

## **Activity Cluster 2: Planning — Organizing the Community**

Well-organized groups can make significant changes in how, when, and where alcohol is sold and served. To keep organizing efforts focused and effective, all involved need to agree on the organizational approach and the role of various participants.

The composition of the groups, the model of organizing, and the issues may vary, but the underlying premise remains: *Organizing the community is fundamental to effecting change.*

### **Identify the Scope of Action**

Community organizers need to understand the differences between mobilizing for immediate action and organizing for long-term community improvement. Immediate action may demand different membership than long-term improvement. The approach also shapes how various other issues are handled. Issues of power, control, community access, and goals are all colored by the choice of organizing for immediate action or for the long haul.

## Identify Collaborators

Individuals and groups to be sought for involvement in your community effort include the following:

- Neighbors and neighborhood associations, including crime watch groups
- Local clergy
- Local or national chapters of Mothers Against Drunk Driving (MADD)
- School principals and other school officials
- Alcohol retailers and other merchants
- Community leaders and activists
- The self-help recovery community
- Social service agencies
- Advocacy groups
- Alcohol prevention agencies
- Other community service agencies

## Build Broad-Based Coalitions

Coalitions are made up of community-based organizations and smaller, less formal grassroots groups that share common goals or concerns. Coalition-building is an expanded form of community organizing. The more the coalition represents the various facets of community that share a common goal, the more powerful and respected it will be.

***fortified wine* — a wine that has had alcohol, usually in the form of grape brandy, added to it either during or after fermentation.**

## Identify High-Risk Outlets

Efforts that focus solely on individual problem outlets or drinkers have proven inadequate. Broader prevention strategies are needed that set policies, formulate ordinances, and affect the environments where alcohol is available — especially high-risk environments.

High-risk outlets endanger public health, safety, and well-being. In general, high-risk outlets engage in one or more of the following activities:

- Allowing aggressive sales practices (sales with the intent to intoxicate)
- Selling to underage youth
- Selling to obviously intoxicated persons
- Contributing to, or neglecting to address, drug trafficking on the premises
- Encouraging or allowing loitering near or on the premises
- Neglecting to address on-site consumption of alcoholic beverages from open containers in an off-sale outlet or on the premises
- Not providing proper lighting or failing to institute other crime prevention methods in known high-crime areas
- Violating license restrictions on hours or days of sale
- Marketing beverages such as fortified wines
- Using promotions that encourage overconsumption, such as two drinks for the price of one
- Ignoring problematic patron behavior
- Resisting working with the police and neighborhood groups to address complaints

## **Mobilize Neighborhoods**

Organized pressure from the community can have an impact on high-risk outlets that fail to comply with existing enforcement efforts. Community organizers can try to meet with the owners of each high-risk outlet and remind them of the stature they stand to gain by helping keep the community safe and of the license they risk losing if they refuse to take corrective approaches.

Working with high-risk outlets in areas such as inner-city or high-poverty neighborhoods, a collaboration of residents, churches, businesses, and social and health service programs can bring about improved compliance and enforcement, as well as the creation of stronger ordinances and public policies. Local groups can also obtain relief through small claims court, by demanding vigorous nuisance-abatement and code-enforcement activities, and by obtaining stronger zoning laws for the regulation of alcohol availability.

***problem outlet* — a retail alcohol outlet that resists cooperation with authorities or community groups in addressing high-risk practices or community complaints.**

## **Use Tragedies as a Mobilizing Force**

Sometimes it takes a tragedy to motivate a community to take action. Tragedy-based organizing occurs in communities that are frustrated by the persistence of availability-related problems and the seemingly inadequate official response to them. An excellent example is MADD, started by Candy Lightner after her daughter was killed by a thrice-convicted drinking driver. If a tragedy occurs, practitioners should use it to mobilize the community.

## **Use Media Advocacy**

The news media offer a very powerful tool for defining and publicizing needed change. Media advocacy can make a significant impact on citizens' views about alcohol-related problems and solutions. Media advocacy combines community organizing, public policy support, and the use of several media sources (radio, TV, newspaper) to promote specific prevention policies and to influence policymakers to make changes.

## **Check Your Progress**

Answer the following four questions to gauge the effectiveness of your community organization effort:

1. Is the community selecting reduction of alcohol availability problems as a concrete objective that everyone will work to support?
2. Has the community developed a productive planning process that achieves results?
3. Is your group obtaining professional expertise and integrating your program with public agencies in the community?
4. Does the group adequately explain the local community's problems to the larger community, and does it take part in the larger community's political process?

## **Activity Cluster 3: Implementation — Moving into Action**

Taking action means bringing about changes to availability-related practices and policies. Whatever their scope may be, all such changes will involve three groups of stakeholders: the owners and managers, the occupants and neighbors, and the officials and other interested parties. Each of these three stakeholder groups exerts a particular kind of influence on activities associated with the alcohol outlet(s) in question.

Owners and managers operate the alcohol environment. They determine who may enter, and who may stay. They design the environment and manage the staff who operate it. They set the rules for patron and guest behavior while in the establishment or

attending the event where alcohol is present. These rules include provisions for the exit of staff, patrons, or guests if their behavior is not acceptable. The owners and managers also are legally and financially responsible for the environment.

Occupants and neighbors use the environment. Their uses of the setting and behaviors at the event establish the kind of activities and quality of experiences associated with the alcohol environment. Although the adult occupants and neighbors are fully responsible for their individual behavior in connection with these activities, they are also influenced strongly by the behaviors of other occupants and neighbors and by the rules and expectations of the facility's management.

Officials and other interested parties have particular obligations or interests in controlling the environment. For example, State ABC and local police officials are responsible for enforcement to protect public safety. Public health officers and social service providers are responsible for guarding against threats to public health and well-being posed by the environment. Banks and insurance companies are concerned that the establishment's financial operations are sound and legitimate.

Because the actions of these three stakeholder groups are so closely connected in the local community, successful adoption of changes in alcohol practices and policies for alcohol availability will require deliberate and continuing efforts by the three stakeholder groups to work well with each other.

## **Establish Task Forces**

It is important to move into action on specific alcohol problem environments through the organized efforts of a community action group, as described in Step 2. The community prevention worker can provide coordinating and communication assistance help to form a task force or working group dedicated to realizing the prevention initiative that has been selected and specified through Steps 1 and 2. The community prevention worker can also help with special technical assistance that may be needed. For example, a task force dedicated to establishment of an effective Responsible Beverage Service training program may need a technical committee to identify the best training curriculum.

The community action group's other components are vital to help facilitate the task force work upon which the three stakeholders are engaged. For example, these other components of the community planning effort may include a Steering Committee to help with liaisons to key agencies and organizations and with monitoring and evaluation of prevention efforts, a Public Information Committee to create press coverage and other community education activities, and a Planning Committee to build a broad base of community support and understanding for the initiative.

## Tasks for Community Members

**Maintain active participation.** Stay involved in the policymaking and monitoring process. The ongoing participation of concerned community groups and organizations is critical to success.

**Continue to learn about alcohol availability in your area.** Help document the pattern of problems at high-risk establishments and the impact of alcohol availability on the health and safety of the community.

**Provide critical support.** Community organizations can provide facilities, spread information, and recruit volunteers. Solicit the support of the local business community.

## Tasks for Business Owners and Managers

**Engage in self-monitoring.** Businesses should monitor their compliance with local policies. This process will enhance their credibility in the community and will be extremely helpful in addressing problems created by noncompliant outlets.

**Help develop policy procedures.** Owners and managers should meet periodically with city agencies and community groups to jointly construct the required steps and establish a timeline for compliance with local policies. This approach brings businesses into the decision-making process.

## Tasks for Local Officials and Other Interested Parties

**Clarify standard review procedures.** Local legislation and regulations should be followed up quickly with instructions and guidelines that explain the procedures for reviewing use permit applications from alcohol outlets. Trained staff should be available to explain the procedures.

**Monitor operations and reward compliance.** Perform unannounced compliance checks to determine whether outlets are selling to minors or violating other restrictions specific to the community. The community also should reward merchants who consistently comply with the law by acknowledging and publicizing their efforts.

**Train staff.** Coordinate staff training at the various agencies that implement alcohol policies.

**Educate participants and support broad participation.** Local public agencies are responsible for educating community groups and explaining how to participate in the review process. Planning and police departments should educate alcohol retailers and guide them through the procedures for special-use permits. Other efforts include introductory workshops for community groups, retailers, and other organizations; pre-application and pre-enforcement meetings; specialized briefings for those in high-risk areas; and building community support through media advocacy.

**Encourage responsiveness, promptness, and efficiency.** The review process should be a practical tool for preventing alcohol-related problems. Protection of health and safety require prompt, efficient action. Implementation of policies should include creative modifications of standard review procedures to eliminate elements that have little preventive value or objectives that can be accomplished by other means.

**Collect local data.** Most local data systems were not designed to document problems related to alcohol availability. However, systems can be redesigned to provide minimal but appropriate data to permit statistical operations needed to demonstrate the prevalence of alcohol-related problems, as well as to track progress over time.

**Provide prompt and fair enforcement.** The police often do not have sufficient staff to effectively monitor and enforce compliance with availability policies. However, several community actions can help, and the police can work with community groups to identify and document problems. For example, the community can set up a community-wide, user-friendly complaint system. Negotiate with retailers before applying sanctions; apply sanctions firmly and promptly when necessary.

**Offer economic incentives.** Local action to help retailers reduce their dependence on alcohol sales will depend on the community's creativity and economic conditions. For example, communities may encourage patronage of outlets that shift away from the sale of high-risk alcoholic beverages. Local economic development offices may be able to offer incentives that help retailers make these shifts.

**Work with other stakeholders.** Inform insurance companies, national owners of local chain outlets, investors and note holders, and other parties of the community's alcohol availability policy and ask them to endorse it for their operations in the community.

The following table presents examples of roles and responsibilities of local public agencies in managing alcohol availability and related problems. In a given setting, these roles and responsibilities will be determined by the change-agent, the community, and the existing organizations and their commitment and resources.

***Institutionalization* — occurs when a policy or program is supported by the community and local or State governments and incorporated in routine operations.**

## **Activity Cluster 4: Continuity — Institutionalizing Policies**

Institutionalizing a policy means incorporating it into an agency's or community organization's routine operations. Alcohol availability policies should be reviewed continually to determine whether they still address the problems they were intended to solve. A policy should be responsive to changing demographics and shifting business climates in its community.

Of the six prevention approaches presented in this guide, these four require institutionalization activities:

- Preventing Availability to Underage Youth
- Responsible Beverage Service
- Changing the Conditions of Availability
- Community-Based Prevention Approaches

Institutionalizing local availability policies is challenging. Policies that have been fully adopted and produce useful results are likely to gain acceptance. Conversely, failure to diligently implement a local availability policy can damage its credibility, even though it may be essentially sound. Even after a policy is successfully implemented, people may lose sight of its preventive value and begin to wonder why the community should bother to maintain it. For all these reasons, it is critical to regularly review policies relating to alcohol availability.

## **The Review Process**

The review process should be driven by positive concerns for improving the policy's effectiveness and efficacy. The ongoing review process involves the following examinations:

*Are administrators of an alcohol availability policy responsive when availability problems are identified?* Is there a system to gather and analyze specific information related to alcohol problems and then to distribute or make that information available to the appropriate parties? Do official records accurately reflect and thoroughly note the nature of community-based complaints about problem outlets? When problems are identified, are managers made aware of them?

*Is the policy fairly, uniformly, and appropriately applied?* Alcohol availability policies must be administered to address real problems and must be applied in a nondiscriminatory manner.

*Is the policy easy to administer?* Experience may show that the original policy is difficult to implement or that it does not function as intended. Changes in operating conditions and personnel in local organizations and government bodies may also require adjustments. The search for improvements in administration should be continuous. Modifications to the policy should always be welcome when they make administration easier without diminishing effectiveness.

*Does the policy use recent research findings regarding the link between public health and safety problems and alcohol availability?* Findings from this research should continue to flow into local policymaking activities. The research should serve as one starting point for continuing examinations of the policies currently in place.

*Does the policy review process include community feedback?* Seeking comments and advice from the community makes for an informed and active community. In such communities, it is more likely that local organizations and private citizens will be able to speak clearly about the effect of availability policies and in turn develop an ownership of these efforts.

Periodically convening a community group dedicated to the prevention of availability-related problems will do much to renew the policymaking process indefinitely. One way to stimulate the formation of such a group is to require an annual or biannual report from the city manager to the city council. This report should describe progress and outstanding issues and could serve as the agenda for a community meeting.

### **Roles and Responsibilities of Local Public Agencies**

<b><i>Department or Agency</i></b>	<b><i>Chief Responsibility</i></b>	<b><i>Staff</i></b>	<b><i>Responsibilities</i></b>
<i>City attorney's office</i>	Ensuring that procedures and practices apply applicable laws at State and local level in ways that are most advantageous to the locality.	Senior attorneys	<p>Review interaction between State's and locality's regulations of alcoholic beverages to provide basis for resisting legal challenges to locality's authority to regulate land use where alcohol is sold and (where permitted by the State) to regulate sale of alcoholic beverages</p> <p>Monitor legal issues and identify effective alcohol ordinances in other localities</p>
<i>City/county manager's office</i>	Coordination of contacts among all of the agencies and reporting of their activities to the local legislature. Central planning and review function helps ensure that all departments coordinate their efforts and	Senior management personnel	<p>Coordinate work regarding alcohol availability across all of the locality's departments</p> <p>Establish task forces and alcohol policy working groups.</p>

	respond appropriately to retailers and concerned community organizations regarding alcohol-related problems.		
<i>Police or sheriff</i>	Problem description and enforcement activities in relation to all alcohol availability and drinking in public rights-of-way.	Patrol division Crime analysis unit Chief's office, community-centered policing program, vice unit.	Report alcohol-related problems  Document link between problems and availability  Work with State ABC, interpret availability-related problem data, negotiate approvals and denials of permit applications  Carry out proactive compliance and mitigation activity such as decoy-buy operations, preventive visits to outlets and neighborhood groups, consult with outlet operators and other agencies on crime prevention and compliance issues
<i>Planning and zoning</i>	Approval and monitoring of distribution and operation of retail outlets throughout the community	Line staff in zoning  Code enforcement staff  Long-range land use planning staff	Review department applications and make recommendations to zoning approval boards  Ensure compliance to conditions imposed by approval process  Code enforcement reviews and nuisance abatement activities at outlets  Establish an "alcohol outlet desk" to focus and coordinate activities and to respond rapidly to queries  Use conditional use permits and other land-use measures to reduce high outlet densities, facilitate case-by-case oversight, and establish preventive conditions

<i>Parks and recreation, community services</i>	Sales of alcohol at special events and in public places (in cooperation with sheriff's department)	Maintenance personnel  Program staff	Provide information about substance abuse in parks and facilities  Review special-use permit requests for alcohol sales, provide information to users of parks and facilities about alcohol use policies, monitor events at which alcohol sales are permitted  Set standards for alcohol use at public events
<i>Housing and community services</i>	Alcohol-related domestic violence	Key Staff	Work with landlords to develop policies to prevent problems  Assist police and social service domestic violence teams to work with apartment management and residents
<i>Agency for business licenses and permits</i>	Collection of permit fees and use-permit application fees	Key Staff	
<i>Community economic development agencies</i>	Examine costs and benefits of alcohol outlets as participants in community development projects	Key Staff	Establish fees levels for city services to reflect the greater costs of alcohol outlets for police services and land-use administration  Establishing "alcohol outlet elements" in redevelopment plans

## Documenting and Evaluating Environmental Approaches

Prevention efforts do not end when a policy, law, or program goes into effect. To ensure that alcohol availability problems are addressed, prevention planners, practitioners, and community members need to answer two questions on an ongoing basis: (1) Was the strategy properly implemented? and (2) Is the strategy doing what it was intended to do?

To answer these questions, practitioners need to carefully plan — from the beginning — what information will be collected and how it will be used. They must collect baseline data on the community problems before intervention, data on the intervention process itself, and data on the end results.

***process evaluation* — a descriptive and ongoing evaluation that describes what happened as a program was started, implemented, and completed.**

Assessment involves two activities: documentation and evaluation. *Documentation* entails keeping records, collecting data, and making observations throughout the planning and implementation processes. Its key purposes are to identify the problems, set the stage for planning and developing prevention activities, and provide the information needed for evaluating the activities. *Evaluation* is intended to assess the impact of prevention activities, programs, or strategies.

Although the reasons for documenting and evaluating efforts to prevent or limit alcohol availability vary according to the situation, the following reasons are common to most efforts:

*To better understand the associations between retail alcohol systems and alcohol-related problems.* Studies may explore factors such as outlet density; rates of alcohol consumption per adult; and alcohol-related problems such as drinking and driving, crime and safety issues, and public drunkenness.

*To justify, plan, or develop prevention programming.* Information can be gathered on alcohol availability issues such as outlet density and capacity; licensing and enforcement practices; land-use arrangements, zoning, and regulations; interaction of State and local authority and management; and community retailing environments.

*To manage, operate, or administer activities.* An alcohol retail system may be monitored to determine whether it is being administered according to plan and whether its arrangements and procedures are appropriate for the community.

*To evaluate the impact of policies or programs.* Studies may be conducted to evaluate

the effects of specific prevention activities. These studies require both an intervention or "experimental" setting and a comparison or "control" setting, with baseline and follow-up data for both settings. Outlets, neighborhoods, and communities may be evaluated.

*To guide midcourse adjustments in prevention programming.* Process or formative evaluation of prevention interventions can be used to modify prevention programs that are already under way. However, such midcourse corrections can create major complications in attributing the effects to different components of the intervention.

*To interpret changes over time in retail system arrangements, the role of prevention activities, and general trends in society.* Activities such as building coalitions or the very process used to identify problems can be documented and evaluated to identify how prevention efforts and prevailing popular trends affect alcohol availability policies and procedures over time.

## **Matching Evaluation Designs to Needs**

Experimental designs often exceed the needs and resources of local efforts and are frequently nearly impossible to faithfully conduct at the community level. Practitioners may wish to consider four nonexperimental evaluation designs that are more feasible in terms of time and expense.

***experimental design* — a research design that included random selection of study subjects, an intervention and a control group, random assignment to the groups, and measurements of both groups.**

*Cross-sectional evaluation designs* compare outlet density and rates of alcohol-related problems for a given area. This method can be used to establish the relationship between alcohol availability and alcohol problems, but it cannot establish cause-and-effect relationships.

*Pre-test/post-test evaluation designs* can measure alcohol-related problems and consumption before and after implementing the policy to evaluate whether the policy achieved the intended effects. This method can suggest simple cause-and-effect relationships. However, without a comparison group, you cannot be certain that the change was due to the intervention and not some other factor.

*A time series pre-test/post-test design* involves a group that is tested at least once before a policy is implemented and is retested more than once after the policy is implemented. These studies are costly and take a long time to carry out; however, they offer greater confidence that changes result from the policy, and that the measures are accurate. A stronger version of this design is when a comparison community is studied at the same time intervals without having received the intervention.

*A natural study design* uses both planned and unplanned changes in the environment

that — while not the direct result of a prevention intervention — have an impact on alcohol availability. For example, the 1992 civil unrest in Los Angeles destroyed 200 retail alcohol outlets. The effects of this sudden decrease in outlets could then be examined. Planned natural experiments can also be evaluated for their impact on consumption and alcohol-related problems. An example of a planned natural experiment would be a State's decision to eliminate its monopoly on retail alcohol sales and allow licensed retail sales. If evaluators can respond quickly enough to such an opportunity, they may be able to collect data both before and after policy changes take place.

## **Sources of Data for Analysis**

Begin with an overview of the data that are readily available and a list of the data you need. For example, you can use existing data from the community to document the extent of the problem. However, special arrangements may be needed to collect data for process assessment and outcome evaluations of prevention interventions.

Data collection methods that can be used in studies of alcohol availability include the following:

- Literature reviews of alcohol availability and its associated public health and safety aspects
- Interview and questionnaire survey data obtained from patrons, servers, and the general public
- Contact with key informants and experts
- Observational methods such as visual assessments of neighborhood conditions or activities in or near licensed outlets
- Archival data on alcohol sales, drinking-related problems, and numbers and types of outlets
- Special data collected by law enforcement officers and others concerned with alcohol-related problems in the community
- Contacts with other local agencies and organizations working on this topic, as well as with State and Federal agencies, regarding the experiences of model projects elsewhere
- Legal, bureaucratic, and regulatory documents
- Data on public and media reactions to availability issues

## General Recommendations on Evaluation

At the outset of a planning or evaluation process, devote a substantial amount of time to outlining in detail the purposes and key questions or objectives of the undertaking. Focusing on the information that is most critical will help you avoid the pitfall of designing your evaluation around what data you *have*, not what data you *need*.

Whenever possible, use several methods in combination. If feasible, use both direct information — such as interviews or observations — and indirect information — such as archival data on alcohol sales and police interventions — to provide a broader data base.

Pay careful attention to the scope, coverage, validity, and reliability of the data. Know how the data are collected, stored, and organized, as well as the changes in protocols for data collection that have occurred over time that might affect the quality or comparability of the data.

Recruit and train volunteers to collect and record data. In addition to serving the needs of the evaluation, using volunteers will strengthen the community organizing effort by actively engaging participants.

Set up a routine system for collecting data to inform planning and evaluation. Setting up such a system is an effective use of resources and makes it possible to use the same data for more than one project.

## **Appendix A: Resource Guide**

**This Resource Guide compiles recommended resources for practitioners who want to find out more about alcohol availability-related prevention approaches.**

The first section lists names and addresses of researchers and practitioners whose work was considered as evidence in the evaluation of the research and practice evidence for the prevention approaches. They are listed under the approach they investigated. Because detailed descriptions of their program planning and content is beyond the scope of this guide (and often is not fully described in the published studies), CSAP felt that practitioners might want to obtain more detailed information directly from these sources.

The second section lists the various Federal Government agencies and nongovernment organizations that provide information, resources, and guidance regarding alcohol availability-related interventions and programs. Some of these have information clearinghouses.

### **Researchers and Practitioners**

#### **Approach 1: Preventing Availability to Underage Youth**

**Jean L. Forster, Ph.D., M.P.H.**

School of Public Health  
Division of Epidemiology  
University of Minnesota  
300 West Bank Office Building  
1300 South Second Street, Suite 300  
Minneapolis, MN 55454-1015

**Ralph Hingson, Sc.D.**

School of Public Health  
Social and Behavioral Sciences Department  
Boston University  
85 East Newton Street M840  
Boston, MA 02118

**Linda Mooney, Ph.D.**

Associate Professor  
Department of Sociology  
East Carolina University  
Greenville, NC 27858

**Patrick O'Malley, Ph.D.**

Senior Research Scientist  
Institute for Social Research  
University of Michigan  
426 Thompson Street, Room 2311  
Ann Arbor, MI 48106-1248

**David Preusser**

Preusser Research Group  
60 Oak Ridge Drive  
Bridgeport, CT 06611-2411

**Alexander Wagenaar, Ph.D.**

School of Public Health  
Division of Epidemiology  
University of Minnesota  
1300 South Second Street, Suite 300  
Minneapolis, MN 55415-1015  
(612) 624-8370

**Approach 2: Raising Alcohol Taxes and Prices****Thomas Babor, Ph.D., M.P.H.**

Department of Community Medicine  
University of Connecticut  
263 Farmington Avenue  
Farmington, CT 06030-1910

**Sally Casswell, Ph.D.**

Alcohol and Public Health Research Unit  
Department of Community Health  
University of Auckland School of Medicine  
Private Bag 92019  
Auckland, New Zealand

**Douglas Coate, Ph.D.**

Professor  
Department of Economics  
Rutgers University  
360 Martin Luther King, Jr. Boulevard  
Newark, NJ 07102

**Philip Cook, Ph.D.**

Sanford Institute of Public Policy  
Duke University  
124 Sanford Institute Building  
Box 90239  
Durham, NC 27708-0239

**Paul Kohn, Ph.D.**

Department of Psychology  
Faculty of Arts  
York University  
4700 Keele Street  
Toronto, Ontario, Canada M3J 1P3

**David Levy, Ph.D.**

Economics and Finance  
University of Baltimore  
1420 North Charles  
Baltimore, MD 21201

**Henry Saffer, Ph.D.**

Kean College of New Jersey  
Research Associate  
National Bureau of Economic Research  
50 East 42nd Street, 17th Floor  
New York, NY 10017-5405

**Reginald Smart, Ph.D.**

Social and Evaluation Research Department  
Addiction Research Foundation  
33 Russell Street  
Toronto, Ontario, Canada M5S 2S1

**Approach 3: Responsible Beverage Service**

**Ron Douglas, Ph.D.**

Community Programs and Services  
Addiction Research Foundation  
33 Russell Street  
Toronto, Ontario, Canada P3C 1X3

**Scott Geller, Ph.D.**

Department of Psychology  
Virginia Polytechnic Institute and State University  
5088 Derring Hall  
Blacksburg, VA 24061-0436

**Louis Glikzman, Ph.D.**

Social Evaluation and Research Department  
Addiction Research Foundation of Ontario  
The Gordon J. Mogenson Building  
100 Collip Circle  
University of Western Ontario Research Park  
London, Ontario, Canada N6G 4X8

**Harold Holder, Ph.D.**

Director  
Pacific Institute for Research and Evaluation  
2150 Shattuck Avenue, Suite 900  
Berkeley, CA 94704

**A. James McKnight, Ph.D.**

National Public Services Research Institute  
8201 Corporate Drive, Suite 220  
Landover, MD 20785

**Martin Molof, Ph.D.**

Integrated Research Services, Inc.  
66 Club Road  
Eugene, OR 97401

**James Mosher, J.D.**

The Marin Institute for the Prevention of Alcohol and Other Drug Problems  
24 Belvedere Street  
San Rafael, CA 94901

**Alexander Wagenaar, Ph.D.**

School of Public Health  
Division of Epidemiology  
University of Minnesota  
1300 South Second Street, Suite 300  
Minneapolis, MN 55415-1015  
(612) 624-8370

**Approach 4: Changing the Conditions of Availability**

**Kaye Fillmore, Ph.D.**

Institute for Health and Aging  
3333 California Street, Room 340  
San Francisco, CA 94118

**J.L. Fitzgerald, Ph.D.**

Department of Psychiatry  
Division of Alcohol Studies  
The University of Iowa  
Iowa City, IA 52242

**Paul Gruenewald, Ph.D.**

Prevention Research Center  
Pacific Institute for Research and Evaluation  
2150 Shattuck Avenue, Suite 900  
Berkeley, CA 94704

**Harold Holder, Ph.D.**

Director  
Pacific Institute for Research and Evaluation  
2150 Shattuck Avenue, Suite 900  
Berkeley, CA 94704

**David Lester, Ph.D.**

Center for the Study of Suicide  
RR41, 5 Stonegate Court  
Blackwood, NJ 08012-5356

**Scott Macdonald, Ph.D.**

Addiction Research Foundation  
University of Western Ontario  
100 Collip Circle, Suite 200  
London, Ontario, Canada N6G 4X8

**David P. MacKinnon, Ph.D.**

Arizona State University  
Department of Psychology  
Tempe, AZ 85287-1104

**H.A. Mulford, Ph.D.**

Professor Emeritus  
Division of Alcohol Studies  
Department of Psychiatry  
College of Medicine  
University of Iowa  
Iowa City, IA 52242

**Sturla Nordlund**

National Institute for Alcohol and Drug Research  
Dannevigsveien 10  
0463 Oslo, Norway  
(22) 38-04-85

**William Ponicki, M.A.**

Research Associate  
Prevention Research Center  
Pacific Institute for Research and Evaluation  
2150 Shattuck Avenue, Suite 900  
Berkeley, CA 94704

**Richard Scribner, M.D., M.P.H.**

Assistant Professor of Public Health and Preventive Medicine  
Louisiana State University Medical Center  
1600 Canal Street, Room 800  
New Orleans, LA 70116

**Reginald Smart, Ph.D.**

Social and Evaluation Research Department  
Addiction Research Foundation  
33 Russell Street  
Toronto, Ontario, Canada M5S 2S1

**D. Ian Smith, Ph.D.**

Western Australian  
Alcohol and Drug Authority  
Construction House  
35 Havelock Street  
West Perth, 6005, Australia

**Alexander Wagenaar, Ph.D.**

School of Public Health  
Division of Epidemiology  
University of Minnesota  
1300 South Second Street, Suite 300  
Minneapolis, MN 55415-1015  
(612) 624-8370

**Friedner Wittman, Ph.D., M.Arch.**

President  
CLEW Associates  
2198 Sixth Street  
Berkeley, CA 94710

## **Approach 5: Changing Hours and Days of Sale**

### **William Hansen, Ph.D.**

Tanglewood Research, Inc.  
P.O. Box 1772  
Clemmons, NC 27012

### **Ralph Hingson, Sc.D.**

School of Public Health  
Social and Behavioral Sciences Department  
Boston University  
85 East Newton Street  
M840 Boston, MA 02118

### **Mary Ann Pentz, Ph.D.**

Department of Preventive Medicine  
School of Medicine  
University of Southern California  
USC Norris Comprehensive Cancer Center  
1441 Eastlake Avenue, MS-44  
Los Angeles, CA 90033-0800

## **Approach 6: Community-Based Prevention Approaches**

### **Ron Douglas, Ph.D.**

Community Programs and Services  
Addiction Research Foundation  
33 Russell Street  
Toronto, Ontario, Canada P3C 1X3

### **Norman Giesbrecht, Ph.D.**

Prevention and Health Promotion Research and Development Department  
Addiction Research Foundation of Ontario  
33 Russell Street  
Toronto, Ontario, Canada M5S 2S1

### **Louis Gliksman, Ph.D.**

Social Evaluation and Research Department  
Addiction Research Foundation of Ontario  
The Gordon J. Mogenson Building  
100 Collip Circle  
University of Western Ontario Research Park  
London, Ontario, Canada N6G 4X8

**William Ponicki, M.A.**

Research Associate  
Prevention Research Center  
Pacific Institute for Research and Evaluation  
2150 Shattuck Avenue, Suite 900  
Berkeley, CA 94704

**David Preusser**

Preusser Research Group  
60 Oak Ridge Drive  
Bridgeport, CT 06611-2411

**Robin Room, Ph.D.**

Research and Development Division  
Addiction Research Foundation of Ontario  
33 Russell Street  
Toronto, Ontario, Canada M5S 2S1

**Henry Saffer, Ph.D.**

Kean College of New Jersey  
Research Associate  
National Bureau of Economic Research  
50 East 42nd Street, 17th Floor  
New York, NY 10017-5405

**Richard Scribner, M.D., M.P.H.**

Assistant Professor of Public Health and Preventive Medicine  
Louisiana State University Medical Center  
1600 Canal Street, Room 800  
New Orleans, LA 70116

**Reginald Smart, Ph.D.**

Social and Evaluation Research Department  
Addiction Research Foundation  
33 Russell Street  
Toronto, Ontario, Canada M5S 2S1

**Alexander Wagenaar, Ph.D.**

School of Public Health  
Division of Epidemiology  
University of Minnesota  
1300 South Second Street, Suite 300  
Minneapolis, MN 55415

**Hildebard Wette, Ph.D.**

Alcohol and Public Health Research Unit  
Department of Community Health  
Medical School University of Auckland  
Private Bag 92019  
Auckland, New Zealand

**Friedner Wittman, Ph.D., M.Arch.**

President  
CLEW Associates  
2198 Sixth Street  
Berkeley, CA 94710

**Practitioners****Association for Responsible Alcohol Control**

San Jose, CA

**Community Coalition for Substance Abuse Prevention and Treatment**

Los Angeles, CA

**Cops in Shops program**

Las Cruces, NM

**Donna Dossey**

Traffic Safety Bureau  
Transportation Programs Division  
New Mexico Highway and Transportation Department  
604 West San Mateo  
Santa Fe, NM 87504-1149  
(505) 827-0427  
(800) 541-7952

**Escondido Community Alcohol Planning Project (ECAPP) of the Community Prevention Planning Demonstration Project**

Escondido, CA

**Manuel Espinoza**

California Alcohol Beverage Control  
3810 Rosin Court, Suite 150  
Sacramento, CA 95834

**Lynne Krukosky**

Cape Assist  
Cape May County Council on Alcoholism and Drug Abuse  
6 Moore Road  
Cape May Courthouse  
Cape May, NJ 08210

**Judy Sanders**

Community and Targeted Initiatives  
Housing and Community Development  
City of Portland, Oregon  
808 Southwest Third Avenue, Suite 600  
Portland, OR 97204

**Steven Schmidt**

Pennsylvania Liquor Control Board  
Bureau of Alcohol Education  
Alcohol Education Program  
Room 602  
Northwest Office Building  
Harrisburg, PA 17124-0001

**Nick Teare**

Techniques for Effective Alcohol Management Coalition  
7910 Woodmont Avenue, Suite 400  
Bethesda, MD 20814

**Dee Thomas**

Responsible Beverage Service Program Prevention Director  
Lincoln Council on Alcoholism and Drugs, Inc.  
914 "L" Street, Suite A  
Lincoln, NE 68508

**Agencies, Organizations, and Foundations****Government Agencies****Bureau of Alcohol, Tobacco, and Firearms**

Distilled Spirits and Tobacco Branch  
650 Massachusetts Avenue, NW  
Washington, DC 20226  
(202) 927-8140  
<http://www.atf.treas.gov/>

**Center for Substance Abuse Prevention**

5600 Fishers Lane  
Rockwall II, Suite 930  
Rockville, MD 20857  
(301) 443-0365  
<http://www.health.org/>

**Division of Public Education and Dissemination**

Rockwall II, Eighth Floor  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-0373  
<http://www.health.org/>

**National Clearinghouse for Alcohol and Drug Information (NCADI)**

P.O. Box 2345  
Rockville, MD 20847-2345  
(800) 729-6686  
<http://www.health.org/>

**Centers for Disease Control and Prevention**

1600 Clifton Road, NE  
Atlanta, GA 30333  
(404) 639-3311  
(770) 488-5705 (publication requests)  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

**Department of Education**

Drug Planning and Outreach  
400 Maryland Avenue, SW  
Washington, DC 20202  
(202) 260-3954

**Indian Health Service**

Division of Clinical and Preventive Services  
Alcoholism and Substance Abuse Programs  
5600 Fishers Lane, Room 6820  
Rockville, MD 20857  
(301) 443-4297  
<http://www.ihs.gov/>

**National Highway Traffic and Safety Administration**

Traffic Safety Programs  
Room 5118, NTS-11  
400 Seventh Street, SW

Washington, DC 20590  
(202) 366-9835

**National Institute on Alcohol Abuse and Alcoholism**

Prevention Research Branch  
Willco Building, Suite 505  
6000 Executive Boulevard  
Rockville, MD 20892  
(301) 443-1677  
<http://www.niaaa.nih.gov/>

**National Institute on Drug Abuse**

Division of Epidemiology and Prevention Research  
5600 Fishers Lane, Room 9A-53  
Rockville, MD 20857  
(301) 443-1514  
<http://www.nida.nih.gov/>

**National Transportation Safety Board**

490 L'Enfant Plaza, SW  
Washington, DC 20594  
(202) 314-6000  
<http://www.nts.gov/>

**United States General Accounting Office**

441 G Street, NW  
Washington, DC 20548  
(202) 512-3000  
<http://www.gao.gov/>

**Nongovernment Organizations**

**Alcohol Research Group**

Medical Research Institute of San Francisco  
2000 Hearst Avenue, Suite 300  
Berkeley, CA 94709-2176  
(510) 642-5208/fax  
(510) 642-7175  
<http://www.arg.org/>

**Center for Prevention Research**

1151 Red Mile Road, Suite 1A  
Lexington, KY 40504  
(606) 257-5588  
[www.uky.edu/rgs/preventionresearch](http://www.uky.edu/rgs/preventionresearch)

**Center for Science in the Public Interest**

Alcohol Policies Project  
1875 Connecticut Avenue, NW, Suite 300  
Washington, DC 20009  
(202) 332-9110  
<http://www.cspinet.org/>

**Center of Alcohol Studies**

Rutgers University  
P.O. Box 969  
Piscataway, NJ 08855-0969  
(908) 445-2686  
[www.rci.rutgers.edu/~cas2](http://www.rci.rutgers.edu/~cas2)

**Community Anti-Drug Coalitions of America**

901 North Pitt, Suite 300  
Alexandria, VA 22314  
(703) 706-0560/fax  
(703) 706-0565  
<http://www.cadca.org/>

**Community Programs Department**

Addiction Research Foundation  
888 Regent Street, Suite 302  
Sudbury, Ontario, Canada P3E 6E6  
(705) 675-1181  
<http://www.arf.org/>

**Corporation for National and Community Service**

1100 Vermont Avenue, NW  
Washington, DC 20525  
(202) 606-4806

**Corporation for National Service**

1201 New York Avenue, NW  
Washington, DC 20525  
(202) 606-5000  
<http://www.nationalservice.org/>

**Drug Abuse Prevention Research Center**

Center for the Study of Prevention Through Innovative Methodology  
Pennsylvania State University  
S. 159 Henderson Building  
University Park, PA 16802

(814) 865-3253

<http://www.methcenter.psu.edu/> (scroll down to NIDA Center for the Study of Prevention Through Innovative Methodology)

**The Higher Education Center for Alcohol and Other Drug Prevention**

55 Chapel Street  
Newton, Massachusetts 02158-1060  
(800) 676-1730  
<http://www.edc.org/>

**Institute for the Study of Social Change**

Community Prevention Planning Project  
University of California, Berkeley  
2232 Sixth Street  
Berkeley, CA 94710  
(510) 540-4717

**Insurance Institute for Highway Safety**

1005 North Glebe Road, Suite 800  
Arlington, VA 22201  
(703) 247-1500  
<http://www.hwysafety.org/>

**Join Together**

441 Stuart St.  
Boston, MA 02116  
(617) 437-1500  
<http://www.jointogether.org/>

**The Lindesmith Center**

888 7th Ave., Suite 2700  
New York, NY 10106  
(212) 887-0695  
<http://www.lindesmith.org/>

**The Marin Institute for the Prevention of Alcohol and Other Drug Problems**

24 Belvedere Street  
San Rafael, CA 94901  
(415) 456-5692  
<http://www.marininstitute.org/>

**Minority Adolescent Drug Use Prevention**

Social Psychology and Behavioral Medicine Research Group  
Department of Psychology  
University of Houston

Houston, TX 77204-5341  
(713) 743-8555

**MultiEthnic Drug Abuse Prevention Research Center**

Cornell University Medical Center  
411 East 69th Street, Room KB201  
New York, NY 10021  
(212) 746-1270  
<http://www.lifeskillstraining.com/>

**National and Community Service Coalition**

409 Third Street, SW  
Washington, DC 20024  
(202) 488-7378

**National Council on Alcoholism and Drug Dependence**

12 West 21st Street  
New York, NY 10010  
(212) 206-6770  
<http://www.ncadd.org/>

**Partnership for a Drug-Free America**

405 Lexington Avenue  
New York, NY 10174  
(212) 922-1560  
<http://www.drugfreeamerica.org/>

**Prevention Research Center**

2150 Shattuck Avenue, Suite 900  
Berkeley, CA 94704  
(510) 486-1111

**Tri-Ethnic Center for Prevention Research**

Department of Psychology  
Colorado State University  
Clark Building, Room c-78  
Fort Collins, CO 80523  
(970) 491-7902

**Wisconsin Clearinghouse for Prevention Resources**

University Health Services  
University of Wisconsin-Madison  
1552 University Avenue  
Madison, WI 53705  
(800) 322-1468 [www.uhs.wisc.edu/wch](http://www.uhs.wisc.edu/wch)

## Appendix B: Glossary

### Acronyms

<b>ABC</b>	Alcoholic Beverage Control (board or agency)
<b>CSAP</b>	Center for Substance Abuse Prevention
<b>CUP</b>	conditional use permit
<b>DWI</b>	driving while intoxicated
<b>FRP</b>	Federal Resource Panel
<b>MADD</b>	Mothers Against Drunk Driving
<b>PEPS</b>	Prevention Enhancement Protocols System
<b>SAMH SA</b>	Substance Abuse and Mental Health Services Administration

### Glossary

**alcohol management** — ways in which a State plays a role vis-à-vis the local authorities in controlling the distribution and marketing of alcohol.

**alcohol outlet** — a place that sells alcoholic beverages to the public or to a select membership for consumption on- or off-premises. See also *off-sale outlet* and *on-sale outlet*.

**alcohol outlet capacity** — measured in the aggregate for all outlets in a given area or for a single establishment. See also *on-sale capacity* and *off-sale capacity*.

**alcohol outlet density** — the number of alcohol outlets licensed to sell alcohol within a determined geographic area. See also *geographic density*.

**availability** — the means by which alcohol is made available at the community level. See *public availability*, *retail availability*, and *social availability*.

**commercial density** — the percentage of alcohol outlets in relation to the total number of other commercial (i.e., non-alcohol-related) outlets in a given planning area. See *population density*.

**community** — a group of individuals who share cultural and social experiences within a

common geographic or political jurisdiction.

**community-based approach** — a prevention approach that relies on several interventions in concert, involving various sections of the community, drawing on multiple local resources to address a community problem. Programs that involve coordinated multiple interventions are likely to be more effective in achieving the desired goals than single-component programs and programs that involve multiple but uncoordinated interventions. See also *single-component program*.

**community readiness** — the degree of support for or resistance to identifying substance use and abuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and State levels.

**conditional use permit** — a permit that is granted pursuant to certain conditions allowing the sale or consumption of alcohol. It may be awarded on a temporary or permanent basis.

**control state** — a State that employs a control system of alcohol distribution. See *license State* and *control system*.

**control system** — a system in which the State distributes and sells retail alcoholic beverages. See also *license system*.

**cross-sectional design** — a research design that involves the collection of data on a sample of the population at a single point in time. When exposure and health status data are collected, measures of associations between them are easily computed. However, because health status and exposure are measured simultaneously, inferences cannot be made that the exposure causes the health status.

**data** — information collected according to a methodology using specific research methods and instruments.

**data analysis** — the process of examining systematically collected information.

**design** (often referred to as research or study design) — an outline of the procedures to be followed in scientific experimentation in order to reach valid conclusions. See also *experimental design*, *nonexperimental design*, *quasi-experimental design*.

**documentation (monitoring)** — entails keeping records, collecting data, and/or making observations in order to obtain specific kinds of information; for instance, the rates of alcohol-related problems, consumption, and sales.

**effect** — a result, impact, or outcome. In evaluation research, attributing an effect to a program or intervention requires establishing, through comparison, a logical relationship between conditions with and without the program or intervention.

**evaluation** — entails analyzing the data obtained through documentation in order to

assess the operation or impact of the service, program, or procedure.

**experimental design** — a research design that includes random selection of study subjects, an intervention and a control group, random assignment to the groups, and measurements of both groups. Measurements are typically conducted before and always after the intervention. The results obtained from these studies typically yield the most interpretable, definitive, and defensible evidence of effectiveness.

**fortified wine** — a wine that has had alcohol, usually in the form of grape brandy, added to it either during or after fermentation.

**geographic density** — the density of alcohol outlets per land area for a given geographic area, such as a planning district, police reporting district, ZIP code, or census tract. See alcohol outlet density.

**happy hour** — a promotional activity, usually held during specific evening hours, in which bars and other on-site outlets provide alcoholic beverages at a reduced price.

**high-risk outlet** — a retail alcohol outlet that endangers the public health, safety, or well-being of the community. The outlet may conduct high-risk promotional activities or contribute to excessive noise, traffic, litter, loitering, or other problems. See also high-risk setting and problem outlet.

**high-risk setting** — denotes the location of alcohol outlets where the threat to the health, safety, or well-being of the community is escalated by other factors, such as high crime rates or dangerous highways. See also high-risk outlet.

**institutionalization** — occurs when a program is supported by the community and local or State governments and incorporated in routine operations. Although the program is accepted as a routine and valuable practice at this stage, there is little perceived need for change or expansion of the effort. See community readiness.

**intervention** — a manipulation applied to a group in order to change behavior. In substance abuse prevention, interventions at the individual or environmental level may be used to prevent or lower the rate of substance abuse or substance abuse-related problems.

**lessons learned** — in this guide, conclusions that can be reached about a specific prevention approach based on the research and practice evidence.

**license state** — a State that employs a license system of alcohol distribution. See also control State and license system.

**license system** — system in which the State licenses the private sector to distribute and sell retail alcoholic beverages. See also control system.

**natural experiment** — a change in a situation, policy, or process, typically not initiated by researchers but which can be evaluated. For example, the passage of a law that

eliminates a State monopoly and permits private retail alcohol sales may occur for reasons unrelated to substance abuse prevention. However, researchers can evaluate the effect of this natural experiment on alcohol consumption and alcohol-related problems.

**nonexperimental design** — a type of research design that does not include random assignment or a control group. With such research designs, several factors prevent the attribution of an observed effect to the intervention.

**off-sale capacity** — the linear feet of shelves devoted to alcohol sales, or the square footage or floor space in a retail alcohol outlet. See also *on-sale capacity*.

**off-sale outlet** — a retail alcohol outlet licensed to sell alcohol for consumption outside of, and not in, the licensed establishment. See also *alcohol outlet* and *on-sale outlet*.

**on-sale capacity** — the number of seats in an on-sale outlet or the outlet's square footage. See also *off-sale capacity*.

**on-sale outlet** — a retail alcohol outlet licensed to sell alcohol for consumption within, but not outside of, the licensed establishment. See also *alcohol outlet* and *off-sale outlet*.

**outcome evaluation** — an analysis that focuses research questions on assessing the effects of interventions on intended outcomes. See *process evaluation*.

**population density** — in this guide, the concentration of retail alcohol outlets per population unit, or the number of outlets for a given population. See *Commercial Density*.

**practice evidence** — in this guide, information gained from prevention practice cases, generally compiled in the form of case studies, which often include process evaluation information on program implementation and procedures. See also *research evidence*.

**pre- and post-tests** — in research design, the collection of measurements before and after an intervention to assess its effects.

**problem outlet** — a retail alcohol outlet that resists cooperation with authorities or community groups in addressing high-risk practices or community complaints. See also *high-risk outlet* and *high-risk setting*.

**process evaluation** — an assessment designed to document and explain the dynamics of a new or continuing prevention program. Broadly, a process evaluation describes what happened as a program was started, implemented, and completed. A process evaluation is, by definition, descriptive and ongoing. It may be used to the degree to which prevention program procedures were conducted according to a written program plan. See *outcome evaluation*.

**program evaluation** — the application of scientific research methods to assess

program concepts, implementation, and effectiveness. See also *outcome evaluation* and *process evaluation*.

**public availability** — availability of alcohol at public events and in public places. See also *retail availability* and *social availability*.

**qualitative data** — generally constitute contextual information in evaluation studies and usually describe participants and interventions. The strength of qualitative data that often are presented as text is their ability to illuminate evaluation findings derived from quantitative methods. See also *quantitative data*.

**quantitative data** — in evaluation studies, measures that capture changes in targeted outcomes (e.g., substance use) and intervening variables (e.g., attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects. See *qualitative data*.

**quasi-experimental design** — a research design that includes intervention and comparison groups and measurements of both groups, but assignment to the intervention and comparison conditions is not done on a random basis. With such research designs, attribution of an observed effect to the intervention is less certain than with experimental designs.

**questionnaire** — research instrument that consists of written questions, each with a limited set of possible responses.

**research** — the systematic effort to discover or confirm facts by scientific methods of observation and experimentation.

**research evidence** — in this guide, information obtained from research studies conducted to evaluate the effectiveness of an intervention and typically published in peer-reviewed journals. The basis of this information is investigations whose designs range from experimental to quasi-experimental to nonexperimental. See also *practice evidence*.

**retail availability** — the commercial availability of alcohol. See also *public availability* and *social availability*.

**single-component program** — a prevention approach using a single intervention or strategy to target one or more problems. See also *multicomponent program*.

**social availability** — the social customs and traditions related to alcohol use. See also *public availability* and *retail availability*.

**time-series design** — a research design that involves an intervention group evaluated at least once before the intervention and more than once after the intervention. A time-series analysis involves the examination of fluctuations in the rates of a condition over a long period in relation to the rise and fall of a possible causative agent.

**NOTE:** This glossary is based partially on work performed by Westover Consultants, Silver Spring, Maryland, and the Pacific Institute for Research and Evaluation, Bethesda, Maryland, under other contracts with the Center for Substance Abuse Prevention.

## **Appendix C: Background on PEPS**

**The Prevention Enhancement Protocols System (PEPS) is a process that synthesizes a body of knowledge on specific prevention topics. It was created by the Division of State and Community Systems Development of CSAP/SAMHSA primarily to support and strengthen the efforts of State and Territorial agencies responsible for substance abuse prevention activities. The PEPS program is CSAP's response to the field's need to know "what works" and is an acceptance of the responsibility for leading the field with current information supported by the best scientific knowledge available.**

This third guide in the PEPS series summarizes state-of-the-art approaches and interventions designed to strengthen the role of communities in preventing substance abuse and other alcohol-related problems. This topic was chosen in response to the field's expressed need for direction and in recognition of the important role of the environment as the first line of defense against the dangerous, insidious, and addictive consequences of alcohol use.

### **The PEPS Development Process**

The development of a PEPS guide begins with the deliberations of a Planning Group of nationally known researchers and practitioners in the field of substance abuse prevention. With input from their colleagues in the field, these experts identify a topic area that meets preestablished criteria for developing a guide. A Federal Resource Panel (FRP) with representatives from appropriate Federal agencies then convenes to discuss the proposed content of the guide. The FRP, taking into consideration recommendations from CSAP and the PEPS Planning Group, identifies those experts in the field best suited to serve on an Expert Panel for the chosen topic.

The Expert Panel meets to determine the scope of the problem to be addressed in the guide. The PEPS staff conducts exhaustive searches for relevant research and practice information, guided by the knowledge of the Expert Panel and its chair. The studies and practice cases found are analyzed and their findings compiled and presented in draft form according to the similarity of the prevention approaches used.

A subpanel of selected Expert Panel members then meets to apply the PEPS Rules of Evidence (described later in this section) to formulate summary judgments on the quality of the research and practice evidence, by approach, and to develop recommendations for the prevention field. This draft is reviewed by the full panel. A revised version of the guide, including the revisions of the Expert Panel, is distributed

for review by the field. The critiques and analyses received are used to further refine and increase the accuracy, readability, and presentation of the guide.

## **PEPS Series Goals**

The primary goal of PEPS is to develop a systematic and consistent process for improving substance abuse prevention practice and research. Its objectives are to

- Synthesize research and practice evidence on selected topics
- Present recommendations for effective substance abuse prevention strategies in versions suitable for several target audiences
- Ensure that PEPS products receive optimal dissemination among target audiences
- Monitor the usefulness and relevance of PEPS products

Although lessons from available science are distilled and specific recommendations are made, this guide is not a "how-to" handbook, nor is it a prescriptive prevention planning guide. Audiences for PEPS products include State prevention agencies, other Federal and State authorities, and community-based organizations addressing the problems of substance abuse or serving high-risk populations. Therefore, targeted users of the PEPS guides include policy analysts and decisionmakers, who need sound data to justify funding for prevention planning; State agency and community-based administrators and managers, who will find the series useful in allocating resources and planning programs; researchers, who will receive guidance on the need for future studies; and practitioners, who will find recommendations for programming options that are most appropriate for the populations they serve.